## **PRO HAC VICE APPLICATION**

## **INSTRUCTIONS**

Admission Pro Hac Vice in Utah State Courts is governed by the Code of Judicial Administration Rule 11-302

Application	The attached application form must be filled out completely and legibly. A check for \$175 made payable to "Utah State Bar" and a Certificate of Good Standing from the licensing state in which the applicant resides must accompany each application. Original application and fee must be submitted to the Utah State Bar.					
Requirements	<ul> <li>Motion by member of the Utah State Bar who expressly consents to appearing as associate counsel must be filed in the court along with copies of application and receipt showing payment of the \$175 fee.</li> <li>Original application, the \$175 fee, and a copy of the motion must be served upon the following:         <ul> <li>Katherine A. Fox, General Counsel</li> <li>Utah State Bar</li> <li>645 South 200 East</li> <li>Salt Lake City, UT 84111-3834</li> <li>Telephone: (801) 531-9077</li> </ul> </li> <li>A separate application must be submitted for each case in which the applicant wishes to appear.</li> <li>An attorney admitted pro hac vice shall comply with and is subject to Utah statutes, rules of the Utah Supreme Court, including the Rules of Professional Conduct and the Rules of Lawyer Discipline and Disability, the rules of the Court in which the attorney appears, and the rules of the Utah Judicial Council.</li> </ul>					

## **APPLICATION FOR ADMISSION PRO HAC VICE**

APPLICANT:							
Name							
Address							
Telephone	Fax Number						
E-mail address (	if any)						
Bar Admission							
STATE TO WHICH ADM		ITTED BAR N		UMBER			
	applicant wishes to app						
Court:		Case Nu	nber:				
Party o	on whose behalf Applic	ant seeks to appear:					
		t in Utah in which the app (attach additional sheets		er of applicant's f	irm has appeared		
CASE NAME		CASE NUMBER		COURT			
Applicant is	s is not currently	suspended or disbarred f	rom the practic	e of law in any sta	te.		
Applicant h	has not been d	isciplined by any state's	or court's Bar	organization in the	prior 5 years.		
Applicant is organization.	s is not the subje	ct of any pending discipl	inary proceedir	ngs by any state's	or court's Bar		

## **ASSOCIATE COUNSEL:** Name \_\_\_\_\_ Utah Bar No. \_\_\_\_\_ Address Fax Number \_\_\_\_\_ Telephone E-mail address (if any) **Applicant certifies the following:** A. Applicant submits to the disciplinary authority and procedures of the Utah State Bar. B. Applicant is familiar with the rules of procedure and evidence, including applicable local rules. C. Applicant will be available for depositions, hearings, and conferences. D. Applicant will comply with the rulings and orders of the court. E. All the information included in this Application is accurate. Applicant must attach to this application a Certificate of Good Standing from the licensing state in which the applicant resides. Applicant's Signature COUNTY OF \_\_\_\_\_ Signed and sworn to before me on \_\_\_\_\_\_ by \_\_\_\_\_\_.

My Appointment expires: